## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885



or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  22852 7590 07/22/2005  FINNEGAN, HENDERSON, FARABOW, GARRETT & DUNNER  LLP  901 NEW YORK AVENUE, NW  WASHINGTON, DC 20001-4413  0/12/2005 CNGUYEN1 00000122 09944086  |  |   |   |                                  | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |   |  |   |  |
|---|--|---|---|----------------------------------|--|---|--|---|--|
|   |  |   |   |                                  |  |   |  |   |  |
|   |  |   |   |                                  |  |   |  | (Signature)   |  |
|   |  |   |   |                                  |  |   |  |   |  |
| FC:1501<br>FC:1504 LICATION NO.   | 1501 1400.00 OP 1509 LICATION NO.   FILING 90 APP UP   |   |   | D INVEN                          | rop.   | ATTORNEY DOCKET NO.   CONFIRMATION NO.                                  |  |   |  |
| 3 F <del>C:8001</del>   | 21.00 OP   |   |   |                                  |  |   | 10.   001                                  |   |  |
| 09/944,086 09/04/2001   |  |   | Tetsuro Kimura  |                                  |  | 05225.0219  |  | 3779  |  |
| TITLE OF INVENTION: IN  | TORVINOCESSE   | NG ZHI ZHOTI OS   |   | .00                              |  |   |  |   |  |
| APPLN. TYPE   | SMALL ENTITY   | ISSUE FEE   |   | PU                               | BLICATION FEE  | TOTAL FEE(S) DUE  |  | DATE DUE  |  |
| nonprovisional  | NO   | \$1400  |   | ,                                | \$300  | \$1700  |  | 10/24/2005  |  |
| EXAM  | INER   | ART UNIT  |   | CL                               | ASS-SUBCLASS   | J   |  |   |  |
| BATAILLE, PIERRE MICHE  |  | 2186  |   |                                  | 709-213000   |   |  |   |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |  |   | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to |                                  |  |   |  |   |  |
| recordation as set forth in  (A) NAME OF ASSIGNE  | an assignee is identified be<br>37 CFR 3.11. Completion of                                       | elow, no assignee of this form is NOI                           | data will app   | ear on the                       | e patent. If an assign<br>an assignment.  Y and STATE OR CO  |   | the documen                                | nt has been filed fo  |  |
| Please check the appropriate  | assignee category or categor   | ries (will not be pri   | inted on the p  | atent):                          | ☐ Individual   | orporation or other priva   | ite group ent                              | ity Governmen   |  |
|   |  |   | 4b. Payment of Fee(s):  |                                  |  |   |  |   |  |
| Issue Fee   |  |   | XXI A check in the amount of the fee(s) is enclosed.  |                                  |  |   |  |   |  |
| <ul><li>Publication Fee (No small entity discount permitted)</li><li>Advance Order - # of Copies</li></ul>  |  |   | ☐ Payment by credit card. Form PTO-2038 is attached.  XX The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number              |                                  |  |   |  |   |  |
| 5. Change in Entity Status (  a. Applicant claims SM  | (from status indicated above MALL ENTITY status. See   |   | ☐ b. Applic   | ant is no                        | longer claiming SMA  | LL ENTITY status. See   | 37 CFR 1.27                                | 7(g)(2).  |  |
| The Director of the USPTO i<br>NOTE: The Issue Fee and Pu<br>interest as shown by the reco  | s requested to apply the Issu<br>ablication Fee (if required) w<br>rds of the Lodted States Pate | e Fee and Publicat<br>vill not be accepted<br>int and Trademark | ion Fee (if as<br>from anyone<br>Office.  | ny) or to 1<br>e other th        | e-apply any previous<br>an the applicant; a reg  | y paid issue fee to the a<br>istered attorney or agent                  | pplication id<br>; or the assig            | entified above.<br>gnee or other party in   |  |
| Authorized Signature  |  |   | Date 10 (6 (0)  |                                  |  |   |  |   |  |
| Typed or printed name R   |  | ujian   |   |                                  | Registration   |   |  |   |  |
| This collection of information an application. Confidentialli submitting the completed apthis form and/or suggestions Box 1450, Alexandria, Virginia 22313-1 Under the Paperwork Reduct   | plication form to the USPT<br>for reducing this burden, sh<br>nia 22313-1450. DO NOT !<br>1450.  | O. Time will vary ould be sent to the SEND FEES OR C            | depending up<br>Chief Inforr<br>COMPLETED   | pon the in<br>nation Of<br>FORMS | ndividual case. Any conficer, U.S. Patent and STO THIS ADDRES  | omments on the amount<br>Trademark Office, U.S.<br>S. SEND TO: Commissi | of time you<br>Department<br>oner for Pate | e USPTO to process<br>ering, preparing, and<br>require to complete<br>t of Commerce, P.O<br>ents, P.O. Box 1450 |  |